ENTRY BLANK

PLEASE TYPE OR PRI	NT Entered previous May Show
	X yes □ no
Ms.	
☐ Mr. Artist <u>BOROT</u>	HY W. ICOVE
Permanent	(Last Name Last)
Address 13800 Sha	ker Blvd. Cleveland, O.
Street	City
44120 Te	1. (216) 921-2502
Zip Are	ea Code
Temporary or	
Studio Address	
Street	City
Те	1. ()
Zip Are	ea Code
If you do not presently	live in one of the counties of the
Western Reserve, which county were you born in?	
Collaborator	
(If A	any)
If May Show entries are	not accepted or not sold:
Artist will pick up a	
☐ Museum should disp	
	o to artist C.O.D. at this address:
Li Widsculli silodid sili	o to artist O.O.D. at tills address.
Special Instructions	
	halow instructions or a drawing of

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

DO NOT DETACH

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Overthy IV. Icave

REJECTED

DATE

REJECTED